



Maple Counseling Center
Transformational Psychotherapy

Progress Note

Client Name: _____ **Date/Appt.time:** _____

Mood/Affect

- | | | |
|----------------------------------|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Happy | <input type="checkbox"/> Indifferent | <input type="checkbox"/> Withdrawn |
| <input type="checkbox"/> Tearful | <input type="checkbox"/> Flat | <input type="checkbox"/> Fearful |
| <input type="checkbox"/> Anxious | <input type="checkbox"/> Angry | <input type="checkbox"/> Worried |
| <input type="checkbox"/> Nervous | <input type="checkbox"/> Aggressive | <input type="checkbox"/> Frustrated |
| <input type="checkbox"/> Sad | <input type="checkbox"/> Depressed | <input type="checkbox"/> Irritable |
| <input type="checkbox"/> Worried | <input type="checkbox"/> Calm | |

Substance Abuse Issues

- Yes
- No

Medications

- Yes
- Non-compliant
- No
- Most recent psych appt outcome

Self-Harm, Suicidal Ideation, Homicidal Ideation or Tarasoff

- No
- Yes
- Plan
- Means
- Intent
- Intervention/Crisis Management Plan
- Willing to Safety Plan

Presenting concern

Intervention

Response

Additional information

Provider Signature: _____ **Date:** _____

NPI#: _____